



PAYMENT AUTHORIZATION or REQUEST FOR REIMBURSEMENT

ATTACH ALL ORIGINAL RECEIPTS (not copies) TO THIS EXPENSE STATEMENT

Name _____

PTSA Position or Teacher/Staff Position _____

Address _____

City/Zip _____

Telephone (_____) _____ E-mail _____

Budget Category: _____

Reason for Reimbursement: _____

List Expenditures: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
TOTAL EXPENSES \$ _____

Please indicate here if the check needs to be made out to a vendor by providing information on where the check should be sent.

Name _____

Address _____

Phone _____

Total Amount Eligible for Reimbursement \$ _____ (Same as Total Expenses, in most cases.)

Minus Advance Received \$ _____ (This will be \$0 in most cases.)

I would like to donate the following amount. (THANK YOU! Let us know if you need a receipt. Also, providing us a total of your expenses allows us to budget more accurately.)
 Please deduct it from my reimbursement. \$ _____

Reimbursement Total \$ _____ (This is the amount you expect to be reimbursed by EWMS PTSA.)

Refund to PTA (Enclose Check) \$ _____ (This will be \$0 in most cases.)

Your Signature _____ Date _____

FOR PTSA TREASURER USE:

- Membership-approved activity Funds released by membership
- Executive Board-approved expenditure

CHECK NUMBER	BUDGET CATEGORY	AMOUNT ADVANCED	EXPENSES	AMOUNT OWED OR DUE

President's signature _____ Date: _____

Date approved in minutes _____ Secretary's signature: _____